

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021469

STATE FILE NUMBER

FILED JUL 14 1958

Registration District No. 115-116

Primary Registration District No. 3020

Registrar's No. 192

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Warren</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington</b>		c. CITY OR TOWN <b>Marthasville</b> 1090	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>		d. STREET ADDRESS <b>None</b> (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <b>Forrest</b> Middle <b>Theo.</b> Last <b>Roloff</b>		4. DATE OF DEATH Month <b>July</b> Day <b>3</b> Year <b>1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 5, 1921</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bulk Milk Route</b>	
11. BIRTHPLACE (City and state or country) <b>Marthasville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Frederick Roloff</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Osterwald</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W. W. II</b>	
16. SOCIAL SECURITY NO. <b>703-05-5315</b>		17. INFORMANT <b>Leonard Diermann, Marthasville, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>En Porphyria hepatica mixed type</b> DUE TO (b) <b>Diabetes mellitus</b> DUE TO (c) <b>260X</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>1956</b> <b>1954</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <b>Apr. 10 1958</b> to <b>July 3 1958</b> and last saw him alive on <b>July 3, 1958</b> Death occurred at <b>St. Francis Hosp. Washington Mo.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>H. Schneider</b> (Degree or title)		22b. ADDRESS <b>Marthasville, Mo.</b>	
22c. DATE SIGNED <b>7-5-58</b>		22d. NAME OF CEMETERY OR CREMATORY <b>St. Paul's Cemetery</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>July 6, 1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>St. Paul's Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Marthasville, Mo.</b>	
24. FUNERAL DIRECTOR <b>W. F. Lichtenberg</b>		25. DATE RECD. BY LOCAL REG. <b>7/5/58</b>	
26. REGISTRAR'S SIGNATURE <b>W. F. Lichtenberg</b>		26. REGISTRAR'S SIGNATURE <b>W. F. Lichtenberg</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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JUL 16 1958

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ..... , Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed

*Edmond T. Lipton*

Licensed Embalmer No. 4318

P. O. Address Marthasville, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.